

AZ LINKS NEWSLETTER

www.azlinks.gov



Welcome

The work on strengthening AZ Links and the statewide Aging and Disability Resource Consortium continues; thank you for your help. The continuous improvement process is taking shape; we thank the ADRC key partners for completing the survey about ADRC functions. We are creating a communication plan to promote AZ Links to the public, and we invite you to share success stories and timely news for this effort. This newsletter highlights some of these stories.

Jutta Ulrich, Arizona ADRC Project Coordinator

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Carondelet & PCOA Partner with CMS to Support Patients Following Hospitalization

Submitted by Adina Wingate, Pima Council on Aging, Region II

Carondelet Health Network is participating in an evidence-based model to improve transitional care for patients after they leave the hospital. The “Transitional Care Navigation Program” will be piloted by Carondelet Health Network in partnership with The Pima Council on Aging (PCOA). This effort works to ensure discharged Medicare and Dual Eligible patients who are diagnosed with heart failure, acute heart attack or pneumonia will have the guidance and support they need to cope with any medical and social needs they might have post-hospitalization.

The University of Arizona Center on Aging will provide care transitions training for the partner

hospital and community-based transition teams. Carondelet and PCOA have been selected among the first 30 organizations around the nation to participate in the Community-based Care Transitions Program (CCTP). The Centers for Medicare and Medicaid Services (CMS) announced the second group of CCTP partner organizations March 14, 2012.

Through the CCTP, community-based organizations will form partnerships with hospitals to help patients transition to home and reduce hospital readmissions. The CCTP is an initiative of the Partnership for Patients, a nationwide public-private partnership launched in April 2011 that aims to cut preventable errors in hospitals by 40 percent and reduce preventable hospital readmissions by 20 percent over a three-year period. CCTP’s goals are to reduce hospital readmissions, test sustainable funding streams for care transition services, maintain or improve quality of care, and document measureable savings to the Medicare program.

“The ultimate goal is to keep patients from having to be re-admitted to a hospital,” said Donna Zazworsky, RN, MS, CCM, FAAN, Carondelet’s Vice

President of Community Health and Continuum Care. "Healthcare is changing dramatically and so are our responsibilities as healthcare providers and caregivers. We now focus not just on the health and well-being of a patient while they are in our hospital, but also on what our role should be in helping them manage their health and chronic care needs after they leave the hospital."

The Transitional Care Navigation Program will utilize a special transition team of expert nurses, social workers and community health outreach workers called navigators who will monitor and support patients with heart failure, acute heart attack or pneumonia and chronic care needs for weeks after they leave the hospital. The team will visit patients in their homes and attend their doctor appointments with them to ensure program participants can properly take prescribed medication, provide self management education, manage their special dietary needs and coordinate their aftercare.

The three Tucson-based organizations who are partnering in this effort each contribute uniquely to the project. Carondelet Health Network (CHN), this area's largest, faith-based, integrated health care delivery network, will lead the effort by identifying patients for the program as they are discharged and supplying the expert nurses to provide self management education, medication reconciliation and care coordination with the patient's medical team. PCOA will provide social services and navigator support for program participants during the post-hospitalization transition period. The University of Arizona Center on Aging will provide educational training for Carondelet's and PCOA's transitional team.

This is a wonderful opportunity to show how community partners can work together to help our seniors and their families navigate the

healthcare system in their most vulnerable time of need," added Zazworsky. She says the goals outlined in CCTP are an integral part of national healthcare reform. The program allows hospitals and community organizations to work together and support vulnerable populations.

Jim Murphy, PCOA's President and Chief Executive Officer, said his organization is excited about the partnership. "While one of PCOA's core services is to assist Medicare recipients in understanding the many complexities of the myriad of Medicare insurance offerings, CCTP gives PCOA the opportunity to bring our social service and community knowledge to work with physicians, nurses and other hospital-based personnel in ensuring that patients who are discharged do not have a readmission within thirty days due to a lack of coordination and availability of in-home and community services," said Murphy. "This outcome will enhance the patient's well-being and save taxpayer dollars."

Carondelet and PCOA Transitional Care Navigation Program's 2-year agreement with CMS may be extended on an annual basis for the remaining three years based on performance. "Carondelet's purpose is to provide access to excellent care for the people in our community," said Zazworsky. "And, this effort fits perfectly into that purpose. We have always sought to provide healthcare that works, healthcare that is safe, and healthcare that leaves no one behind." Zazworsky says the new initiative will launch within the next few months.

The [Administration for Community Living](#) brings together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities into a single agency that supports cross-cutting initiatives and efforts focused on the unique needs of individual groups, such as children with developmental disabilities or seniors with dementia.

Disability Benefits 101

Submitted by Dara Johnson, AHCCCS

Just Launched to the Public: Arizona Disability Benefits 101 online tool (www.az.db101.org)

Have you gotten these questions or comments from individuals with disabilities you serve or work with?

- “I would love to work, but I cannot afford to lose my healthcare.”
- “It took me forever to get my SSDI check. I am not working and messing with that.”
- “I am afraid to try working and risk losing my disability check if it doesn’t work out.”
- “What if I work my way off benefits and my disability gets worse again?”
- “I’m afraid if my son works, he will mess up the safety net his benefits provide.”

You and individuals with disabilities that you serve now have direct access to online tools and information to help plan for and manage the transition to increase their financial wellbeing and self-sufficiency through work.

Arizona Disability Benefits 101 (AZ DB101) online tools support individuals with disabilities to make informed decisions about going to work or accepting a job offer by assisting them to plan for employment while

learning how work and benefits (cash, medical, etc.) go together.

As a service provider, these tools help you to support individuals with disabilities to maximize their earnings by using work incentives. If you support individuals with disabilities to think about, plan for and maintain employment, consider recommending these tools to individuals you serve and/or incorporating the use of the AZ DB101 during your joint employment planning sessions.

It is recognized the benefit programs and work earnings interactions are individualized. In addition to allowing users to walk through individualized work scenarios and visualize how their benefits are impacted by work, AZ DB101 identifies specific resources for the user to follow up with depending on their work scenario to assist them in taking the next steps to move forward with a formal plan. For instance, making a referral and scheduling an appointment for benefits and work incentive counseling services.

Arizona Disability Benefits 101 is brought to you in partnership with the Arizona Rehabilitation Services Administration and Arizona’s Medicaid Infrastructure Grant (1QACMS300122) administered by AHCCCS.

Disability Benefits 101
working with a disability in Arizona



Lifespan Respite Program Update

By David Besst, Division of Aging and Adult Services

The Arizona Lifespan Respite Program strives to reach the same population served by AZ Links. It was developed with the same strategy of eliminating barriers to access through a “no wrong door” approach in providing respite services to caregivers across the lifespan. “Lifespan” refers to caregivers that range from an adult child helping an aging parent to a person caring for child with special health care needs. By definition, the program serves families that are facing a variety of issues, including aging and the progression of Alzheimer’s disease, physical disabilities, and developmental disabilities such as autism.

The Lifespan Respite Program was launched with the passage of a state statute in 2007, which appropriated \$500,000 per year for the development of the program. Unfortunately, that appropriation was eliminated during the fiscal crisis, but the Department of Economic Security’s Division of Aging and Adult Services was able to secure a federal grant to continue program development. The federal grant calls for a close working relationship between the program and the state’s Aging and Disability Resource Consortium, and of course AZ Links.

Last November, in partnership with the Arizona Caregiver Coalition, Arizona hosted the 14th Annual National Lifespan Respite Conference at the Glendale Renaissance Hotel. A mix of over three hundred professionals and caregivers from nearly 40 states attended the three-day event and kicked off an awareness campaign designed to “give caregivers a hand.” The campaign delivers the message that we should both praise and support family caregivers because they provide the vast majority of the care that allows people to stay living at home independently.

This summer, the Lifespan Respite Program will be starting up a new service that was included as a major component of the grant project: the Arizona Caregiver Resource Line. This project consists of a toll-free line and a website to provide access to Caregiver Advocate Volunteers that have been trained in a newly developed curriculum to provide support, information, and most importantly, an understanding ear to family caregivers seeking assistance. The project is being modeled after the successful SHIP program, which offers a statewide toll-free number for information on Medicare. The details of the Caregiver Resource Line will be announced on the AZ Links website soon. In the meantime, visit the websites below to learn more about the Lifespan Respite Program and other supports for family caregivers.



www.azrespite.org

www.azcaregiver.org

Spring 2012 SART Data Is In

Thanks to the ongoing efforts of our partners, the Division of Aging and Adult Services collected data for a number of different services pertaining to the ADRC.

Statewide totals snapshot

- Total contacts: 106,962
- Total clients: 49,726

Show Low ALTCS Office Closes

Submitted by Sandy Alderman, AHCCCS

The Show Low ALTCS office closed on April 3, 2012. Phone calls, faxes and mail should be directed to the Flagstaff ALTCS office:

2717 North Fourth Street, Suite 130
Flagstaff, AZ 86004
Phone: 928-527-4104
FAX: 877-663-5213
Toll Free: 1-800-540-5042

Shelley MacIntosh is the Regional Manager and can assist with answering any questions.

Due to advances in technology and changes in the way we do business, the need to maintain a physical office has become less critical. The ability to complete telephonic financial interviews for the ALTCS program has eliminated the need for face to face interviews in the office. The medical (PAS) interview is completed in the applicant's home or in a facility. This has resulted in very few office visits. We will continue to have a PAS Assessor in the Show Low area to complete the medical (PAS) interviews, and all our other functions will be just a phone call away.

We appreciate your assistance in sharing this information with our shared customers, and we encourage you to call and email any questions or concerns you may have.

Also to apply for ALTCS across the state, you can call the ALTCS office closest to you or any ALTCS office. These offices and phone numbers can be found on the AHCCCS website under Applicants, Apply for Long Term Care and click on the link to a list of ALTCS offices (link included below).

To apply for Long Term Care, call or visit an [Arizona Long Term Care office](#).

Newsletter Submissions

Dear AZ Link Partners,

This is your newsletter – let us know what you would like to see included.

We are especially interested in hearing about regional partners and the work they do. Please send any news or updates, special projects, activities, calendar pages, any photos or brief notices that you may want to include in the newsletter to MGaidowski@azdes.gov.

Next newsletter: September 2012

Deadline for submissions: August 15, 2012

I look forward to hearing from you all!

Matt

Future ADRC Partners Meeting:

- October 10, 2012
- February 13, 2013

10 am -12 noon, location to be determined.

WEBSITES

AZ Links <http://www.azlinks.gov>

Pima Council on Aging (PCOA) <http://www.pcoa.org/>

Carondelet Health Network <http://www.carondelet.org/>

Disability Benefits 101 <http://www.az.db101.org>

Arizona Lifespan Respite Care Network

<http://www.azrespite.org>

Arizona Caregiver Coalition <http://www.azcaregiver.org>

AHCCCS-ALTCS

www.azahcccs.gov/applicants/application/ALTCSoffices.aspx?ID=ALTCS

Administration for Community Living www.hhs.gov/acl/